



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
INJECTION WELL MONITORING REPORT

FORM OGC-12

INSTRUCTIONS		▶ RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY.		
COUNTY		PERMIT NUMBER	OPERATOR	WELL NUMBER
MONTH	INJECTION RATE - bpd/gpm	INJECTION PRESSURE - psig	DATE MEASUREMENT TAKEN	REMARKS
(01) JAN.				
(02) FEB.				
(03) MARCH				
(04) APRIL				
(05) MAY				
(06) JUNE				
(07) JULY				
(08) AUG.				
(09) SEPT.				
(10) OCT.				
(11) NOV.				
(12) DEC.				